

Columbia County, Oregon Columbia County Deputy Sheriff's Association
Health Insurance Premium Rates (Monthly)
8/1/2021 – 7/31/2022

Carrier	Employee Only	Employee + One	Family	
Medical Insurance				
Kaiser Permanente HMO Premium	736.75	1694.52	1989.21	3.74% Increase
County Paid Portion – FT	677.81	1558.96	1830.07	92% / 8% Split
Employee Paid Portion – FT	58.94	135.56	159.14	
County Paid Portion – PT .6	406.68	935.38	1098.04	
Employee Paid Portion – PT .6	330.07	759.14	891.17	
County Paid Portion – PT .5	338.91	779.48	915.04	
Employee Paid Portion – PT .5	397.84	915.04	1074.17	
Kaiser Permanente Added Choice POS	823.77	1894.50	2224.26	2.32% Increase
County Paid Portion – FT	677.81	1558.96	1830.07	
Employee Paid Portion – FT	145.96	335.54	394.19	
County Paid Portion – PT .6	406.68	935.38	1098.04	
Employee Paid Portion – PT .6	417.09	959.12	1126.22	
Kaiser Permanente HSA *	513.19	1180.34	1385.61	3.74% Increase
County Paid Portion – FT	513.19	1180.34	1385.61	
Employee Paid Portion – FT	0.00	0.00	0.00	
County Paid Portion – PT .6	307.91	708.20	831.37	
Employee Paid Portion – PT .6	205.28	472.14	554.24	
FT = Full Time FTE; PT = Part Time with indicated % FTE				
*The County also contributes \$1500/\$3000 into HSA for employee at beginning of plan year				
Dental Insurance				
Kaiser Permanente w/Ortho	76.24	175.36	205.84	No Change
County Paid Portion – FT	76.24	175.36	205.84	
Employee Paid Portion – FT	0.00	0.00	0.00	
County Paid Portion – PT .6	45.74	105.22	123.50	
Employee Paid Portion – PT .6	30.50	70.14	82.34	
County Paid Portion – PT .5	38.12	87.68	102.92	
Employee Paid Portion – PT .5	38.12	87.68	102.92	
Principal Dental PPO w/Ortho	60.85	121.94	202.11	No Change
County Paid Portion – FT	60.85	121.94	202.11	
Employee Paid Portion – FT	0.00	0.00	0.00	
County Paid Portion – PT .6	36.51	73.16	121.27	
Employee Paid Portion – PT .6	24.34	48.78	80.84	
Willamette Dental w/Ortho	55.75	96.75	167.65	No Change
County Paid Portion – FT	55.75	96.75	167.65	
Employee Paid Portion – FT	0.00	0.00	0.00	
County Paid Portion – PT .6	33.45	58.05	100.59	
Employee Paid Portion – PT .6	22.30	38.70	67.06	
Life Insurance				
Mutual of Omaha	4.55			No Change
County Paid Portion – FT	4.55			
Employee Paid Portion – FT	0.00			
County Paid Portion – PT .75	3.41			
Employee Paid Portion – PT .75	1.14			